

This is an official

DHEC Health Update

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Release of the South Carolina 2007 List of Reportable Conditions

Background

As authorized by South Carolina Statute #44-20-10 and Regulation #61-20, the S.C. Department of Health and Environmental Control (DHEC) updates the South Carolina List of Reportable Conditions annually.

Revisions to the List of Reportable Conditions are based on several factors, including: 1) the need for DHEC to conduct surveillance on new conditions or to increase surveillance on certain existing conditions in order to protect the health of the public and 2) changes in reporting requirements from the Centers for Disease Control and Prevention (CDC).

Revisions to the 2007 List of Reportable Conditions

Changes to the list:

- Note the addresses and phone numbers of the regional public health departments - several of the addresses and phone numbers have changed.
- For Immediately and Urgently Reportable Conditions, the following statement has been added: "All suspected and confirmed cases, including preliminary clinical and laboratory results."
- Toxins has been moved from a separate condition under Urgently Reportable Conditions and is now included in "Any Potential Biological, Chemical, or Terrorist Event" under the Immediately Reportable Conditions.
- The specific names of the organisms have been added to Glanders, Q fever, and Typhus.
- Enterohemorrhagic *E. coli* is now listed as "*E. coli*, shiga toxin-producing (STEC), including O157:H7".
- The following statement in footnote #2 regarding HIV reporting has been deleted: "However, if a confirmation test is performed within 14 days and is negative, reactive EIAs alone should not be reported." For 2007, HIV or AIDS should be reported when serum, urine, or oral fluid specimen is positive by: (a) screening test (e.g., EIA antibody), or (b) confirmatory test (e.g., Western Blot), or (c) an HIV detection test (e.g., PCR nucleic acid test, including viral load), or (d) clinical diagnosis of a case of HIV or AIDS. In addition, all HIV viral load and CD4 test results must be reported by laboratories regardless of results.

Deletions from the list:

- Kawasaki disease

Additional information

The above changes may be found at the following locations:

- The current issue (Winter 2007) issue of "Epi Notes" available at: www.scdhec.gov/health/disease/docs/EpiNotes.pdf
- The DHEC Web site at: www.scdhec.gov/health/disease/index.htm, or www.scdhec.gov/health/disease/docs/reportable_conditions.pdf
- The 2007 DHEC Disease Reporting Card (see below)
- The 2007 List of Reportable Conditions poster (see below)

The Disease Reporting Cards and the laminated posters (sizes 8 by 11 inches and 12 by 24 inches) are available from the DHEC regional public health departments or from the DHEC Division of Acute Disease Epidemiology in Columbia. Contact information is listed below.

S.C. 2007 List of Reportable Conditions

Attention: Health Care Facilities, Physicians, and Laboratories

South Carolina Law §44-29-10 and Regulation §61-20 require reporting of conditions on this list to the local public health department.

HIPAA: Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512)

IMMEDIATELY REPORTABLE BY PHONE	REPORT WITHIN 7 DAYS
<p>All suspected and confirmed cases, including preliminary clinical and laboratory results.</p> <ul style="list-style-type: none"> ☒ Any outbreak, unusual disease, or cluster of cases (1) ☒ Any potential biological (to include toxins such as ricin), chemical, or terrorist event. Animal (mammal) bites ☒ Anthrax (7) ☒ Botulism ☒ Foodborne outbreak - unusual cluster <i>Haemophilus influenzae</i>, type b, invasive disease (4) (7) Measles (rubeola) Meningococcal disease (7) (9) ☒ Plague (7) Poliomyelitis SARS - Severe Acute Respiratory Syndrome (7) Smallpox ☒ Viral Hemorrhagic Fever 	<ul style="list-style-type: none"> AIDS (2) Campylobacter enteritis CD4 T-lymphocyte count - all results (L) (2) Chancroid Chlamydia trachomatis, genital site (L) Creutzfeldt-Jakob Disease (Age < 55 years) Cryptosporidiosis Cyclosporiasis Dengue Ehrlichiosis Giardiasis Gonorrhea <i>Haemophilus influenzae</i>, non-type b, invasive disease (4) (7) Hepatitis B, chronic Hepatitis B Surface Antigen + (HBsAg +) with each pregnancy Hepatitis C, D, E HIV-1 or HIV-2 infection (2) HIV quantification / viral load - all results (L) (2) Influenza, positive rapid flu test (#) Influenza, positive virus culture isolates (L) Influenza, pediatric deaths - age ≤ 17 years Lead poisoning (5) Lead tests, all (6) (L, includes office tests) Legionellosis Leprosy (Hansen's Disease) Leptospirosis Listeriosis (7) Lyme disease Lymphogranuloma venereum Malaria Meningitis, aseptic (8) Pesticide poisoning ☒ Psittacosis Rocky Mountain Spotted Fever Salmonellosis (7) Shigellosis (7) Streptococcus group A, invasive disease (4) Streptococcus group B, age < 90 days <i>Streptococcus pneumoniae</i>, invasive, (4), (include antibiotic resistance patterns) (3) Syphilis, latent or tertiary Syphilis, positive serologic test Tetanus Toxic Shock (specify staphylococcal or streptococcal) Varicella Varicella death Vibrio infections (other than <i>Vibrio cholerae</i> O1 or O139) Yellow Fever Yersiniosis ☒ Potential agent of bioterrorism ☒
URGENTLY REPORTABLE Within 24 hours by phone	
<p>All suspected and confirmed cases, including preliminary clinical and laboratory results.</p> <ul style="list-style-type: none"> Arboviral Neuroinvasive Disease (acute infection, including acute flaccid paralysis, atypical Guillain-Barré Syndrome): Eastern Equine Encephalitis (EEE), LaCrosse (LAC), St. Louis Encephalitis (SLE), West Nile Virus (WNV) (7) ☒ Brucellosis (7) Cholera (<i>Vibrio cholerae</i> type O1 and O139) (7) Diphtheria (7) <i>E. coli</i>, shiga toxin - producing (STEC), including O157:H7 (7) ☒ Glanders (<i>Burkholderia mallei</i>) (7) Hantavirus Hemolytic uremic syndrome (HUS) (10) Hepatitis A, acute (IgM Ab + only) Hepatitis B, acute (IgM core Ab + only) ☒ Melioidosis (<i>Burkholderia pseudomallei</i>) (7) Mumps Pertussis ☒ Q fever (<i>Coxiella burnetii</i>) Rabies (human) Rubella (includes congenital) <i>Staphylococcus aureus</i>, vancomycin-resistant (VRSA/VISA) Syphilis, primary or secondary (lesion or rash) Syphilis, congenital Trichinosis Tuberculosis (7) ☒ Tularemia Typhoid fever (<i>Salmonella typhi</i>) (7) ☒ Typhus, epidemic (<i>Rickettsia prowazekii</i>) 	

(L) Only Labs required to report.

(#) Report only total number of positive results; individual case reporting is not necessary.

1. Outbreak: An excess number of cases or syndromes over the expected occurrence of disease within a geographic area or population group.

2. Report HIV or AIDS when serum, urine, or oral fluid specimen is positive by: (a) screening test (e.g. EIA antibody), or (b) confirmatory test (e.g. Western Blot), or (c) an HIV detection test (e.g., PCR nucleic acid test, including viral load) or (d) clinical diagnosis of a case of HIV or AIDS. All reactive rapid HIV test results must be reported to DHEC. All HIV viral load and CD4 test results must be reported by laboratories regardless of results.

3. Antibiotic resistant organisms: resistant pneumococcus - MIC ≥ 2µg/ml of penicillin G (or Oxacillin disc zone ≤ 19mm) or resistance to any single drug accepted as effective treatment. The definition of resistance may differ between laboratories by test methods used to determine susceptibility. Reports should specify the site from which the isolate was obtained and the drug susceptibility profile.

4. Invasive disease = isolated from normally sterile site: blood, bone, CSF, joint, pericardial, peritoneal or pleural fluid, necrotizing fasciitis, and cellulitis only if isolate is from a tissue biopsy. Always specify site of isolate.

5. Physicians should report serum lead level ≥10 µg/dL for children under 6 years of age and ≥ 25 µg/dL for persons 6 years or older.

6. Labs must report results of all lead tests performed. This includes lab tests performed in physician offices.

7. Labs should submit these isolates and positive serologies to the DHEC Bureau of Laboratories for confirmatory testing, serotyping, serogrouping, or genotyping.

8. Acute meningitis symptoms, fever, CSF pleocytosis, sterile culture. Consult DHEC in outbreaks to submit specimens to lab for virus identification.

9. Report Gram-negative diplococci in blood or CSF.

10. HUS, with or without gastroenteritis: Triad of acute renal failure, thrombocytopenia, and microangiopathic hemolytic anemia.

S.C. 2007 List of Reportable Conditions

How To Report	What To Report
<p>Submit reports by one of the following methods:</p> <ol style="list-style-type: none"> 1. For immediately and urgently reportable conditions (M-F, 9-5): call your regional public health office. See list below. 2. For immediately reportable conditions (nights, weekends, and holidays): call your regional public health office nights/weekend phone number (see list below), or the statewide DHEC emergency phone number (1-888-847-0902). 3. For routine reports: call your regional public health office or complete the DHEC 1129 Disease Reporting Card and mail in an envelope marked confidential to your regional public health office. (See list below.) 4. For HIV and AIDS: report these conditions by calling 1-800-277-0873 or (803) 898-0758, or by submitting a DHEC 1129 Disease Reporting Card or appropriate CDC Case Report Form to: STD/HIV Surveillance Division, Mills/Jarrett Complex, Box 101106, Columbia, SC 29211. 	<ul style="list-style-type: none"> ■ Patient's name ■ Patient's complete address, phone, date of birth, race, sex, county, Social Security Number ■ Physician's name and phone ■ Name, institution, and phone number of person reporting ■ Disease or condition ■ Date of onset of disease and date of report ■ Lab results, specimen site, collection date ■ Status: if pregnant, in daycare, or a food-handler <p>DHEC may request additional clinical information on a Case Report Form.</p>

Regional Public Health Offices

Mail or call reports to the Epidemiology Office in each Public Health Region.

Region 1

Anderson, Oconee

220 McGee Road
Anderson, SC 29625
Phone: (864) 260-4358
Fax: (864) 260-5623
Nights / Weekends: 1-866-298-4442

Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda

1736 S. Main Street
Greenwood, SC 29646
Phone: 1-888-218-5475
Fax: (864) 942-3690
Nights / Weekends: 1-800-420-1915

Region 2

Greenville, Pickens

PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 282-4139
Fax: (864) 282-4373
Nights / Weekends: 1-800-993-1186

Cherokee, Spartanburg, Union

PO Box 4217
151 E. Wood Street
Spartanburg, SC 29305-4217
Phone: (864) 596-2227, x- 210
Fax: (864) 596-3443
Nights / Weekends: 1-800-993-1186

Region 3

Chester, Lancaster, York

PO Box 817
1833 Pageland Highway
Lancaster, SC 29721
Phone: (803) 286-9948
Fax: (803) 286-5418
Nights / Weekends: 1-866-867-3886

Region 3 (continued)

Fairfield, Lexington, Newberry, Richland

2000 Hampton Street
Columbia, SC 29204
Phone: (803) 576-2749
Fax: (803) 576-2993
Nights / Weekends: 1-888-554-9915

Region 4

Clarendon, Kershaw, Lee, Sumter

PO Box 1628
105 North Magnolia Street
Sumter, SC 29150
Phone: (803) 773-5511
Fax: (803) 775-9941
Nights/Weekends: 1-877-831-4647

Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion

145 E. Cheves Street
Florence, SC 29506
Phone: (843) 661-4830
Fax: (843) 661-4859
Nights / Weekends: (843) 660-8145

Region 5

Bamberg, Calhoun, Orangeburg

PO Box 1126
1550 Carolina Avenue
Orangeburg, SC 29116
Phone: (803) 533-7199
Fax: (803) 533-7134
Nights / Weekends: (803) 954-8513

Aiken, Allendale, Barnwell

1680 Richland Avenue, W. Suite 40
Aiken, SC 29801
Phone: (803) 642-1618
Fax: (803) 643-8386
Nights / Weekends: (803) 827-8668 or
1-800-614-1519

Region 6

Georgetown, Horry, Williamsburg

2830 Oak Street
Conway, SC 29526-4560
Phone: (843) 365-3126, x-138 or x-174
Fax: (843) 365-3153
Nights / Weekends: (843) 381-6710

Region 7

Berkeley, Charleston, Dorchester

4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
Phone: (843) 746-3806
Fax: (843) 746-3851
Nights / Weekends: (843) 219-8470

Region 8

Beaufort, Colleton, Hampton, Jasper

219 S. Lemacks Street
Walterboro, SC 29488
Phone: (843) 549-1516, x-214
Fax: (843) 549-6845
Nights / Weekends: 1-800-614-4698

DHEC Bureau of Disease Control

Division of Acute Disease Epidemiology

1751 Calhoun Street
Box 101106
Columbia, SC 29211
Phone: (803) 898-0861
Fax: (803) 898-0897
Nights / Weekends: 1-888-847-0902



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and Environmental Control